

**SIMPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

						SERIAL NO.	FILED DATE		
						APPLICANT(S)			
						CLAIMS			
AD FILED		ATTORNEY ACHTHECHT		APPLICANT ACHTHECHT		DID	DEP	DID	DEP
1									
2									
3									
4									
5									
6									
7		1							
8		3							
9		2							
10		3							
11		3							
12		1							
13		1							
14		3							
15		1							
16		1							
17		3							
18		5							
19		5							
20		1							
21		1							
22		1							
23		1							
24		1							
25		1							
26		1							
27		1							
28	1								
29									
30		1							
31		1							
32		1							
33		1							
34		1							
35		1							
36		1							
37		1							
38		1							
39		1							
40		1							
41		1							
42	1								
43		1							
44		1							
45		1							
46		1							
47		5							
48		5							
49	1								
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

  

CLAIMS		DID	DEP	DID	DEP
51					
52		1			
53		1			
54		1			
55		1			
56		1			
57		1			
58		1			
59		1			
60		4			
61		4			
62		1			
63		1			
64		1			
65		1			
66		1			
67		1			
68		1			
69		1			
70		1			
71		1			
72		1			
73		1			
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97					
98					
99					
100					

  

TOTAL IND.		DID	DEP	DID	DEP
TOTAL DEP.	12				
TOTAL CLAIMS	95				